In re Application of:



Docket No. 2435.1

DAVID CINCOTTA

Application No.: 09/245,493

Examiner: N. Nguyen

Filed: February 5, 1999

Group Art Unit: 3628

For: SYSTEM AND METHOD FOR PREPAYING FOR

SERVICES OR GOODS TO BE CONSUMED

AT A FUTURE DATE

Date: August 5, 2003

Mail Stop AF

The Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| RECEIVED |
|--------------|
| 11C 0 8 2003 |
| GROUP 3600 |

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * | MINUS | ** 25 | = 0 | x \$9 \$18 | 0 |
| INDEP. CLAIMS | * 4 | MINUS | *** | = 0 | x \$42 \$84 | 0 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | 0 | | |

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

| | A check in the amount of \$ is enclosed. |
|--------------|---|
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| X | A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |
| | Registration No. 44, 063 |
| 30 Ro New | PATRICK, CELLA, HARPER & SCINTO ockefeller Plaza York, New York 10112-3801 imile: (212) 218-2200 |

Form #120

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